

## State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number N046057	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 11/29/2012
Name of Facility ABERDEEN VILLAGE	Street Address, City, State, Zip Code 17500 WEST 119TH STREET OLATHE, KS 66061	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>S3026</u>	Correction Completed 11/29/2012	ID Prefix <u>S3155</u>	Correction Completed 11/29/2012	ID Prefix <u>S3320</u>	Correction Completed 11/29/2012
Reg. # <u>26-41-101 (f) (1)</u>		Reg. # <u>26-41-204 (a)</u>		Reg. # <u>28-39-254</u>	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed	ID Prefix _____	Correction Completed
Reg. # _____		Reg. # _____		Reg. # _____	
LSC _____		LSC _____		LSC _____	

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
State Agency				
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO				
Followup to Survey Completed on: 11/8/2012		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <b>YES</b> <b>NO</b>		